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**FACSIMILE TRANSMISSION COVER SHEET**

Date: January 4, 2005

To: United States Patent and Trademark Office  
Examiner: Mujtaba M. Chaudry; Art Unit: 2133

Fax: (703) 872-9306

Re: **Application Serial No.: 09/836,065**  
Filing Date: 4/16/2001; First Named Inventor: Naksrikram  
Attorney Docket No.: 0180212

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 18

Message:

Enclosed please find the Response to the Final Office Action dated December 1, 2004.  
Two (2) replacement sheets and two (2) clean sheets of formal drawings are also enclosed.

Thank you.

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Attorney Docket No.: 0180212

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Naksrikram, et al.SERIAL NO.: 09/836,065 FILED: April 16, 2001FOR: System and Method for Erase Test of Integrated Circuit Device Having Non-Homogeneously Sized Sectors

Mail Stop AF  
 HONORABLE COMMISSIONER FOR PATENTS  
 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

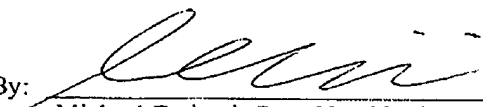
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180212

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 1/4/05By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date 1/4/2005Signature Name of Person Performing Facsimile Transmission LESLIE L. LAM

Michael Farjami, Esq.  
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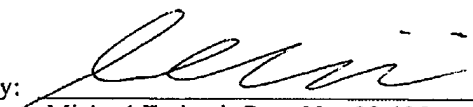
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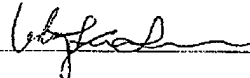
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Art Unit: 2133

Serial No.: 09/836,065

Examiner: Chaudry, Mujtaba M.

Filed: April 16, 2001

For: **System and Method for Erase Test of  
Integrated Circuit Device Having Non-  
Homogeneously Sized Sectors**

RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated December 1, 2004 in the  
above-referenced patent application. Please enter and consider the following remarks.